Print Name: Richard Wright ID # 187140 Date of Bin Nature of problem or request: I been har and another inmate tought ar or the Floor. The worder we problem with my stomach have Discovery gas Constantly.	Richard W Wright St.
DO NOT WRITE BELOW THIS LINE	
Date: 12 12 10¢ Time: 510 AM PM Allergies: NKA	RECEIVED Date: 12-12-04 Time: 510 Receiving Nurse Intials 44
(S) ubjectives Wt. BB 140/90 P.68 my stonech Hurts afternoon Hore things my skin breaking out.	R. 18 Bat 95% megular Heart beat at Headaches
(O) bjective Inmate alect in na d Complaints. Skin warm and dry.	no hash rated.
A)ssessment:	

NEIDENTIAL RECORD (P)lan: See mo in Am 12/13/04 @ 100 HOT TO BE PHOTO COPIED

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE

Check One: ROUTINE EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()

L. anderson

WHITE: INMATES MEDICAL FILE



Print Name: Richard Wright	Date of Request: 1 Dec 2004
	h: 5 Avo 67 Location: 4 Cell
Nature of problem or request: I. ve heca	
me and another innate tou	
table or the Floor. I've wonder	Principal would be what is
the problem with my stomach	noving rrequer pain and Dussing
acs Constantly	Thord W Wrold
DO NOT WRITE BEL	Signature
DO NOT WRITE BEL	OW THIS LINE
Date:/	
Time: AM PM	RECEIVED
Allergies:	Date:
	Time: Receiving Nurse Intials
(S)ubjectives	im
	all all
(O)bjective	1 May 109
	Sol III
(A)ssessment:	0 0
(A)ssessment:	Inate previous Soon 12/10/04
	FOR PROPERSIONAL USE ONLY
(P)lan:	CONFIDENTIAL PECORE
	NOT TO BE PHOTO COPIED
•	
Refer to: MD/PA Mental Health Dental Daily	Treatment Return to Clinic PRN
CIRCLE ON	
Check One: ROUTINE() EMERGENCY()	·
	Yes () No ()
Was MD/PA on call notified:	Yes () No ()
•	
SIGNA	ATURE AND TITLE
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NURSE I	NITIALS RECEIDT
ILLLUM, INMINIE REIRING COLI ALLEN NORGE I	Milinus receif i

GLF1000 7/95



Print Name: Richard Wright	_ Date of Request: 10ec 04.
ID# 27140 Date of Bir	rth: 5 Aug 6 Location: 4 Cell
Nature of problem or request: I've been	
me and another inmate Four	int and My head hitthe
table or the Floor. I've wond	
the problem with My Stomac	a naving irregular pain and
passing gas Constantly	Tickend Will Might
DO NOT WRITE BE	Signature C LOW THIS LINE
Date:/	
Time: AM PM	RECEIVED
Allergies:	Date: Time:
•	Receiving Nurse Intials
	Accounting Maria Maria
(S)ubjectives	
•	
(O)bjective	
	·
/	
(A)ssessment:	POR PROPESSIONAL LINE CITY
√	CONFIDENTIAL RECORD
	NOT TO BE PHOTO COPPED
(P)lan:	
·	
•	
·	y Treatment Return to Clinic PRN
CIRCLE ON Charles on POLITINE () EMERGENCY ()	
Check One: ROUTINE () EMERGENCY ()	
If Emergency was PHS supervisor notified: Was MD/PA on call notified:	Yes () No ()
was MD/FA on can notined:	Yes () No ()
SIGN	ATURE AND TITLE
WHITE: INMATES MEDICAL FILE	



nature of problem or request: I have the and request blood and weight Color defication casily break of vision, weight lost and hair times.	h: 8-15-67 Location: 4 Cell Seg E Foolowing Symptoms ht check Byptoms light ing of the Skin, Slow Lost by head, low energy often Richard Wright Signature
DO NOT WRITE BEL	OW THIS LINE
Date:/ AM PM Allergies:	RECEIVED Date: Time: Receiving Nurse Intials
(S)ubjectives	
(O)bjective	CONFIDENTIAL RECOR
	NOT TO SE PHOTO COOR
(A)ssessment:	NOT TO BE PHOTO COPED
(A)ssessment: (P)lan:	NOT TO SEE PHOTO COPSIO
(P)lan: Refer to: MD/PA Mental Health Dental Daily CIRCLE ON	Treatment Return to Clinic PRN
(P)lan: Refer to: MD/PA Mental Health Dental Daily	Treatment Return to Clinic PRN E Yes () No ()
(P)lan: Refer to: MD/PA Mental Health Dental Daily CIRCLE ON Check One: ROUTINE() EMERGENCY() If Emergency was PHS supervisor notified: Was MD/PA on call notified:	Treatment Return to Clinic PRN E Yes () No () Yes () No ()
(P)lan: Refer to: MD/PA Mental Health Dental Daily CIRCLE ON Check One: ROUTINE() EMERGENCY() If Emergency was PHS supervisor notified: Was MD/PA on call notified:	Treatment Return to Clinic PRN E Yes () No ()

GLF1000 7/95



	4th Request
Print Name: Richard W Wright	Date of Request: 30 Nov 04.
ID # B/ H Date of	Birth: 8-15-67 Location: 4 Cell Seg
Nature of problem or request: The request	Some type of cream for the sores
on my leas and names. I have the	ne Following symptoms and request
blood and weight Check. Sympton breaking of the Skin, Slow lost of vis	ns: light Color defication easily
predicting of the Sam, Stow tost of the	
head, low energy often times	Richard W MM a ht Sr. Signature
DO NOT WRITE B	
Date:/ AM PM Allergies:	RECEIVED Date: Time:
,	Receiving Nurse Intials
(S)ubjectives	•
	POR PROFESSIONAL USE O
	CONFIDENTIAL RECO
(O)bjective	CONFIDER
	NOT TO BE PHOTO COPIE
(A)ssessment:	
(D)	
(P)lan:	•
Refer to MD/Pa Mental Health Dental D	-
CIRCLE Check One: ROUTINE (EMERGENCY)	
If Emergency was PHS supervisor notified	• /
Was MD/PA on call notified	
maj mente on can nothics.	
$\sim h_{1} \sim 1$	4
1 Whenes	v h
SIC	GNATURE AND TITLE

INMATES MEDICAL FILE WHITE:



HCGRPORATEO	
_	(wed)
Print Name: Richard Wright 57 ID# 187140 Date of Bi Nature of problem or request: T've requeste	_ Date of Request: Nov 24, 2004
Nature of problem or request: T've request	ed Some type of Cream For The
DOTES On Myleds and hands . I lie	- Madhave the tollowing sumptoms
and request bloodand weight Chec	K. Symptoms: light Color defication
casily breaking of the skin, slow is	K. Symptoms: light Color defication ost of Vision, Weight lost, lost of hair Richard Willeglit du
on head, towerergy often times	Signature
DO NOT WRITE BE	
Date: 11/26/01	
Time:OTO AM PM	RECEIVED
Allergies: MAD	Date:
	Time: Receiving Nurse Intials
	Accepting Ivalise Initials
(S)ubjective: -// / / / / / /	a god a mas har sul to
(S)ubjective: I've had skirt sho Now & I've regre 1i'he besee she doch	The who hashed I'd
Now 4 2 've regre	esser regimes -
Objective To have lab work done pland on eye 1,77 to see	-, vintrets ordered & gire to inner
(A) ssessment: Alt in skin, Alt.	I we content do to do.
	CONFIDENCE
(P)lan: Re See for see MM for	hely work of the control of the cont
Refer to: MD/PA Mental Health Dental Da CIRCLE O	•
Check One: ROUTINE () EMERGENCY (` '
If Emergency was PHS supervisor notified Was MD/PA on call notified:	· · · · · · · · · · · · · · · · · · ·
	$\mathcal{A}_{\mathcal{A}}$
//	Who you
SIG	GNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	



2 Nd request Print Name: Kichard Wright Sr. Date of Request: 23 Nov 04

ID # 187140 Date of Birth: 15 Aug 67 Location: 4 Cell (Sea) Nature of problem or request: I've requested some type of Cream For the Sores on my legs and hands. I've have the following sumptoms and request blood and weight check. Symptoms: light color defication easily breaking of the skin, slow lost of vision, weight lost and lost of hair on head, low energy often Ruchord W W had times. Signature DO NOT WRITE BELOW THIS LINE Date: _/____ Time: RECEIVED Date: Allergies: _ Time: Receiving Nurse Intials (S)ubjectives I'm very wear, and have (O)bjective NOT TO BE PHOTO COPIED (A) ssessment: ank in Cell, ag tu (P)lan: Iv Dec mp erop Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No() Was MD/PA on call notified: Yes () No ()

INMATES MEDICAL FILE WHITE:



GLF1000 7/95



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard W Wright	Date of Request: 22 Nov 04
ID # 187140 A Date of	Birth: 15 Aug 67 Location: 4 Cell (Seg)
Nature of problem or request: Tve request	ted Some type of Cream For the
Sores on my legs and hands. I	ve have the Following symptoms
and requesting blood and weight	checkolight Colored defication easily
breaking of the skin, slow lost of	
on head, low energy often times.	Kirkand W Wright du.
DA MAT WRITE B	Signature
DO NOT WRITE B	ELUW THIS LINE
Date:/	
Time: AM PM	RECEIVED
Allergies:	Date:
	Time:
•	Receiving Nurse Intials
(S)ubjectives	
(O) bio etimo	
(O)bjective	
Орјесиче	FOR PROPESSIONAL USE CALL
Орјесиче	CONFIDENTIAL RECORD
	CONFIDENTIAL RECO
(A)ssessment:	CONFIDENTIAL RECO
	CONFIDENTIAL RECO
	CONFIDENTIAL RECO
(A)ssessment:	CONFIDENTIAL RECO
	CONFIDENTIAL RECO
(A)ssessment:	CONFIDENTIAL RECO
(A)ssessment:	CONFIDENTIAL RECO
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D	NOT TO BE PHOTO COPIED aily Treatment Return to Clinic PRN
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE	NOT TO BE PHOTO COPIED Paily Treatment Return to Clinic PRN ONE
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE() EMERGENCY	CONFIDENTIAL RECONMENT TO BE PHOTO COPIED Pailly Treatment Return to Clinic PRN ONE ()
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE() EMERGENCY If Emergency was PHS supervisor notified	CONFIDENTIAL RECONMENT TO BE PHOTO COPIED Paily Treatment Return to Clinic PRN ONE () : Yes () No ()
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE() EMERGENCY	CONFIDENTIAL RECONMENT TO BE PHOTO COPIED Paily Treatment Return to Clinic PRN ONE () : Yes () No ()
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE() EMERGENCY If Emergency was PHS supervisor notified	CONFIDENTIAL RECONMENT TO BE PHOTO COPIED Paily Treatment Return to Clinic PRN ONE () : Yes () No ()
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE() EMERGENCY If Emergency was PHS supervisor notified	CONFIDENTIAL RECONMENT TO BE PHOTO COPIED Paily Treatment Return to Clinic PRN ONE () : Yes () No ()
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE() EMERGENCY If Emergency was PHS supervisor notified Was MD/PA on call notified	CONFIDENTIAL RECONMENT TO BE PHOTO COPIED Pailly Treatment Return to Clinic PRN ONE () : Yes() No() : Yes() No()
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE() EMERGENCY If Emergency was PHS supervisor notified Was MD/PA on call notified	CONFIDENTIAL RECONMENT TO BE PHOTO COPIED Paily Treatment Return to Clinic PRN ONE () : Yes () No ()
(A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE() EMERGENCY If Emergency was PHS supervisor notified Was MD/PA on call notified	CONFIDENTIAL RECONMENT TO BE PHOTO COPIED Pailly Treatment Return to Clinic PRN ONE () : Yes() No() : Yes() No()



	2:15p.m. (Wed)
Print Name: Kichard W Wright	Date of Request: 17 Nov OH
	of Birth: 15 Aug 04 Location: 4 cell (Se
	Several Medical problems this
	the doctor. Sore scabs on
	penis area, razor bumps a
	ا مع
	Kichand W Wright du.
	Signature
DO NOT WRITE	BELOW THIS LINE
Date:/	
Time: AM PM	RECEIVED
Allergies:	Date:
	Time:
•	Receiving Nurse Intials
(S)ubjectives	
(5)25,000.00	•
•	
(O)Linetine	
(O)bjective	
1	
(A)ssessment:	
(P)lan:	
Refer to: MD/PA Mental Health Dental	Daily Treatment Return to Clinic PRN
	E ONE
Check One: ROUTINE () EMERGENC	Υ()
If Emergency was PHS supervisor notifi	• •
Was MD/PA on call notific	ed: Yes () No ()
	••
•	
	SIGNATURE AND TITLE
WHITE. IMMATES MEDICAL FILE	



•	1:45 p.m. Wed
Print Name: Richard W Wright	Date of Request: 17 NOVI A
ID # 187140 Date of Birt	h: 15 Aug 67 Location: Cell 4 Seg
Nature of problem or request: I have seve	ral Medical Droblems
that I wish to discuss with.	the doctor, Sore scabs
on legs and hands, tash in T	
	905)
	Rehard Whilet de.
	Signature
DO NOT WRITE BEL	
Date://	
Time: AM PM	RECEIVED .
Allergies:	Date:
	Time:
,	Receiving Nurse Intials
i	
(S)ubjectives	•
(5)253000.00	
	CONFIDENSIONAL USE ONLY
(O) Lingting	CONFIDENTIAL MECORE
(O)bjective	
	NOT TO BE PHOTO COPIED
(A) scessment:	
(A) seesment:	,
790.0	
(P)lan:	•
Refer to: MD/PA Mental Health Dental Daily	
CIRCLE ON	
Check One: ROUTINE () EMERGENCY ()	·
If Emergency was PHS supervisor notified:	• •
Was MD/PA on call notified:	Yes () No ()
·	•
	THE AME THE
SIGNA	TURE AND TITLE
WHITE: INMATES MEDICAL FILE .	

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF1000 7/95